Alcohol-Related Harm in Australasian Emergency Departments

Sobering new data that shows how alcohol impacts emergency departments in Australia and Aotearoa New Zealand.

April 2024

Australasian College
for Emergency Medicine

Who we are

The Australasian College for Emergency Medicine (ACEM) is the not-for-profit organisation responsible for training emergency physicians and advancement of professional standards in emergency medicine in Australia and Aotearoa New Zealand.

Our vision is to be the trusted authority for ensuring clinical, professional, and training standards in the provision of quality, evidence-based, patient-centred emergency care.

Our mission is to promote excellence in the delivery of quality emergency care to all communities through our committed and expert members.

As the peak body for emergency medicine, ACEM is heavily invested in reducing the harms associated with alcohol-related emergency department presentations through advocacy, research, and partnerships.

Acknowledgement

ACEM acknowledges the Wurundjeri people of the Kulin Nation as the Traditional Custodians of the lands upon which our office is located. We pay our respects to ancestors and Elders, past, present and future, for they hold the memories, traditions, culture and hopes of Aboriginal and Torres Strait Islander peoples of Australia.

In recognition that we are a bi-national College, ACEM acknowledges Māori as tangata whenua and Treaty of Waitangi partners in Aotearoa New Zealand.

ACEM would also like to acknowledge funding provided by the Australian Rechabite Foundation to undertake this research.

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Introduction

Alcohol is the most widely consumed drug in Australia and Aotearoa New Zealand.

One in five New Zealanders, and one in six Australians, regularly drink alcohol at a level that increases their lifetime risk of alcohol-related disease or injury.

Across all communities and areas, alcohol-related harm is one of the biggest preventable public health issues in our two countries, and a major cause of preventable injury, accidents, disease, and death.

The consequences of dangerous drinking are regularly seen in the emergency department (ED) with people presenting with injuries from alcohol use, or clinical intoxication.

People also present with medical conditions from long-term alcohol misuse, such as liver disease, withdrawal or dependence, or mental health conditions arising from alcohol-related harm.

Alcohol misuse not only harms the person consuming the drug, but also family, loved ones, whānau and the broader community. It also has a significant impact on the operation of EDs and on the safety and wellness of staff, patients and other people in emergency departments.

In 2014, ACEM undertook a survey of ED staff to determine exactly how alcohol impacted EDs. It found sobering results: nearly every clinician had experienced verbal aggression and physical threats by alcohol-affected patients and nearly all reported that the safe care of other patients was compromised due to alcohol-affected patients.

In 2022, ACEM undertook an updated survey to re-examine the scale of adverse impacts of alcohol-related presentations on EDs, staff and patients.

This report presents the results of the most recent survey, which found that alcohol-related presentations continue to have a significant, detrimental impact on the operation of EDs.

This includes 93 per cent of staff highlighting negative impacts on workload, 95 per cent reporting negative impacts on other patients in the waiting room, and 86 per cent reporting negative impacts on waiting times.

Almost 90 per cent of staff members reported feeling unsafe in the presence of an alcohol-affected patient. The large majority of staff said that alcohol-related presentations negatively impacted their personal mood, increased their workload, and caused them to experience frustration, sadness, and exhaustion.

In a time of workforce crisis and shortages – particularly in the nursing sector – this is an issue that cannot be ignored. Staff must be supported and protected to continue to provide skilled healthcare, for all people.

Australia and Aotearoa New Zealand cannot afford to lose any more healthcare workers, or to deter future staff from undertaking careers in the health system. So, how do we fix this complex issue and keep EDs safer for everyone?

Firstly, everyone must feel safe in EDs in Aotearoa New Zealand and Australia and no staff, patients or accompanying persons should suffer harm due to violent incidents related to alcohol in the emergency department. In the short term, we must support ED staff better and ensure that all have access to 24/7 trained, trauma-informed security resources.

Next, while EDs can play an important role in identifying harm and referring patients to appropriate services – providing that the departments are resourced appropriately, and the referral services have capacity – alcohol-related harm cannot be solved in emergency departments, or even in the broader health system.

Instead, reform and investment are required, across our two nations, to change how alcohol is promoted, legislated and consumed, and to improve safety and access to care and support, including community rehabilitation centres.

It's time to collectively stop and reflect on the harms that alcohol misuse is causing – both from an individual health perspective, and on how it can cause harm to those around us.

We need to ask what it will take to change our relationships to alcohol.

The path we are on is not sustainable, and it is hurting us all.

Collective attention and real action are needed – from government, community, and health leaders – to acknowledge that alcohol harm is a real problem, but that we have the capacity to solve it together.

Dr Stephen Gourley
President

How did we get this data?

All staff who worked in public and private EDs across Australia and Aotearoa New Zealand in the last 12 months were invited to participate in a survey designed to examine the scale of adverse impacts of alcohol-related presentations on ED staff and patient safety.

The survey ran for six weeks from 1 August 2022 to 11 September 2022.

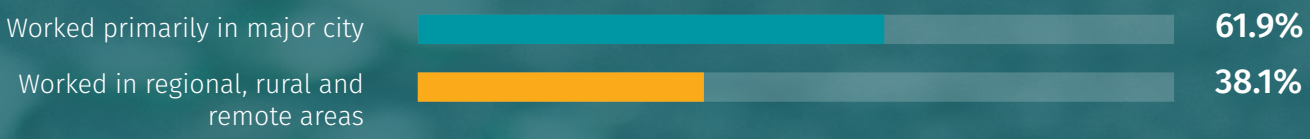
1,284 responses were analysed.

Location of respondents

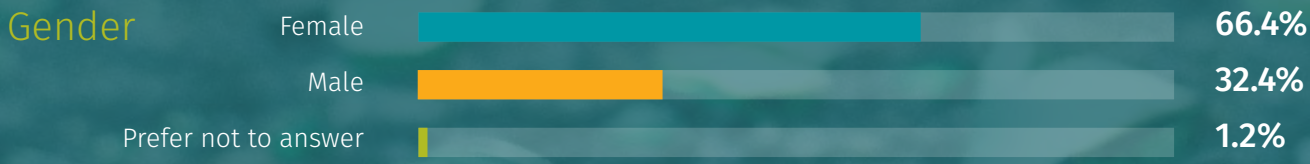
Australia  79%

Aotearoa New Zealand  21%

Workplace location distribution

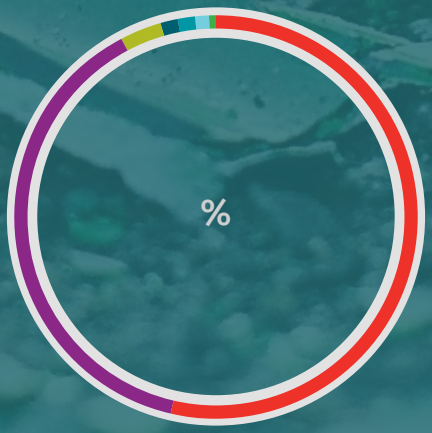


Gender



Profession

Specialist/Physician/Registrar/other medical officer	53.8%
Nurse/Nurse practitioner	38.6%
Clerical staff/ administrator	3.2%
Allied health professional	1.5%
Mental health worker	1.1%
Alcohol and other drug support worker	0.5%
Other ED staff	1.2%



Who is impacted by alcohol-related presentations in the emergency department?

70.5%

of emergency department staff say they experienced alcohol-related verbal or written abuse, threats, intimidation, or harassment from patients frequently (one or more times per week) or often (a few times per month)

> *I feel anxious at times, about the potential for aggression or violence. These patients can be unpredictable and may not like certain processes and/ or being in the hospital and can take it out on you when you are only trying to help them.* ***Nurse***

68.2%

or over two-thirds of staff believed that the incidents of alcohol-related violence had become worse in their emergency departments over the last five years

> *I don't know any emergency clinicians who don't have a story about alcohol-related aggression in the ED.* ***ACEM President Dr Stephen Gourley***

15.8%

of emergency department staff say they frequently or often experienced alcohol-related physical threats, intimidation, harassment or violence from relatives or carers of patients

43.5%

of emergency department staff say they frequently or often experienced alcohol-related physical threats, intimidation, harassment or violence from patients

> *It is not uncommon (to hear) abusive language, including racist terms, which creates an unsafe space for patients and staff.* ***Registrar***

28.8%

of emergency department staff say they frequently or often experienced alcohol-related verbal or written abuse, threats, intimidation or harassment from relatives or carers of patients

Nursing staff were more likely than medical doctors to report that they often or frequently experienced physical and verbal aggression from patients and their relatives or carers.

There were increases in the proportion of staff who reported experiencing verbal and physical aggression from patients, comparing the 2014 and 2022 survey cohorts.

How do the cities and regional, rural and remote areas compare?

Across Australia and Aotearoa New Zealand there are long-standing and well-articulated differences in the availability of health care between the cities and regional, rural and remote (RRR) areas. It is particularly difficult to access services related to alcohol harm in RRR areas and more limited staffing makes responding to violence more difficult.

City

Staff working in major cities were more likely to report that they frequently or often experienced alcohol-related aggression from patients, both verbal (72.9% major cities vs. 67.5% regional vs. 54.3% remote) and physical (46.2% major cities vs. 39.2% regional vs. 37.1% remote).

72.9%

of emergency department staff working in major cities frequently or often experienced verbal alcohol-related aggression from patients.

68.5%

of emergency department staff who work in major cities say that alcohol-related violence incidents had become worse in the last five years.

46.2%

of emergency department staff working in major cities frequently experienced physical alcohol-related aggression from patients.

Regional, rural and remote areas

54.3%

of emergency department staff working in remote areas frequently experienced verbal alcohol-related aggression from patients.

37.1%

of emergency department staff working in remote areas frequently or often experienced physical alcohol-related aggression from patients.

68.7%

of emergency department staff who work in regional areas say that alcohol-related violence incidents had become worse in the last five years.

57.1%

of emergency department staff who work in remote areas say that alcohol-related violence incidents had become worse in the last five years.

How did the COVID-19 pandemic affect alcohol-related violence and aggression in the emergency department?

The COVID-19 pandemic caused significant changes in the patterns of alcohol use in Australia and Aotearoa New Zealand. We investigated whether this translated to changes in alcohol-related presentations to the ED.

46.7%

of ED staff say that COVID-19 has made incidents of alcohol-related violence in emergency departments worse.

How do alcohol-related presentations affect staff in emergency departments?

There are various ways that alcohol-related presentations affect staff in emergency departments – both in terms of how they impact workload and the emotional strain on healthcare staff.

82.4%

of emergency department staff reported that alcohol-affected patients had negative impacts on staff wellness.

> *"The volumes of these patients are increasing and it is having a negative impact on carer fatigue, carer stress, feelings of vulnerability at work and enjoyment in working in an ED.* ***Specialist/Physician***

> *"...Causes compassion fatigue in nurses especially who stand between the doctors and the intoxicated patients...* ***Registrar***

93.1%

of emergency department staff reported that alcohol-affected patients had negative impacts on their workload.

78.9%

of emergency department staff reported that alcohol-affected patients had negative impacts on staff job satisfaction.

How do alcohol-related presentations impact on staff sense of safety?

Emergency departments are dynamic, busy and often complex places to work. The ED has dedicated and professional staff who are there for the whole community to receive urgent care and to save lives.

Everyone must feel safe in emergency departments in Aotearoa New Zealand and Australia. All people have a right to be safe at work, including healthcare workers.

Alcohol is one of the biggest drivers of violence in the ED, which has significant, negative consequences on the workforce's ability to provide the care that the community needs.

All staff

87.3%

of staff reported that they had felt unsafe due to the presence of an alcohol-affected patient while working in the emergency department.

Male staff

83.9%

of male staff felt unsafe due to the presence of an alcohol-affected patient in the emergency department.

Female staff

89.1%

of female staff felt unsafe due to the presence of an alcohol-affected patient in the emergency department.

Medical doctors

83.7%

of medical doctors felt unsafe due to the presence of an alcohol-affected patient in the emergency department.

Nursing staff

94.1%

of nursing staff felt unsafe due to the presence of an alcohol-affected patient in the emergency department.

How do alcohol-related presentations affect other patients?

It is not just staff that are negatively impacted by alcohol-related violence. The large majority of ED staff reported patients were at increased risk of being exposed to alcohol-related aggression and that this had a negative influence on other patients' moods, including heightened emotions.

There are also the less obvious impacts such as increased wait times for other patients, which can cause frustration and anger from those patients, who are often in pain and are anxious about their health.

Almost 95 per cent of respondents reported that alcohol-related presentations compromised the quality of treatment and/or care provided to other patients, mainly causing the diversion of time and resources, disruptions to the ED environment and increased waiting time for other patients.

86.1%

of emergency department staff reported that alcohol-affected patients had negative impacts on waiting times for other patients.

94.6%

of emergency department staff reported that alcohol-affected patients had negative impacts on other patients in the waiting room.

> *High volumes of alcohol-related presentations cause delay for other patients with longer wait times, or less time spent providing their care* ***Nurse***

87.5%

of emergency department staff reported that alcohol-affected patients had negative impacts on the care other patients received.

What does all this tell us?

When emergency clinicians were surveyed about alcohol-related harm in 2014, the situation was already dire for both patients and health care workers. Since then, the situation has only worsened, with implications for individual health and for how the health system can provide care to all patients who need it.

The community deserves clear communication about the impact that alcohol-related harm is having on the health of ED staff, and the health of their loved ones.

Expressly acknowledging the impact that alcohol-related aggression is having on the people who are there to provide emergency care to the community when it is most needed is important.

There are already significant challenges retaining the workforce – who are the core of our health systems – and experiences such as those outlined in this report only make those workforce challenges more difficult.

Emergency departments are there to help the community at the time of greatest need and ED staff will continue to do their best to support every patient who seeks care.

However, when it comes to alcohol-related presentations, coordinated early intervention is needed to prevent harm escalating.

People who are experiencing alcohol harm, and their families, carers and whanau, need opportunities to access tailored services much earlier to prevent that harm escalating – for both individuals and the community.

What can be done about it?

Fixing this complex issue will require a whole-of-healthcare-system approach and whole-of-society responses. Responding to alcohol-related harms is not the sole responsibility of emergency departments or even the health system.

Reform and investment are required across the community to change how alcohol is consumed and to improve safety. ACEM supports a demand reduction approach to interventions in the emergency department. ACEM also supports a harm minimisation approach to alcohol in the community, including public health messaging and education.

At the same time, it is vital that healthcare workers are safe to perform their work. This is important not just for the staff, and patients in the ED, but for the sustainability of the health system that is experiencing escalating staff shortages.

While training for staff is essential, it is not appropriate to put the onus on staff to manage violence.

Less than half of ED staff surveyed (585 respondents) believe more training on managing alcohol-related aggression and violence is needed.

Systemic responses that address the causes of alcohol related violence are vital to reduce the incidence of violence, and ensure that staff, patients and carers have safe environments to provide and receive care.

To reduce alcohol-related presentations in emergency departments, staff outlined alternative treatment facilities for alcohol-affected presentations, which included health staff-led sober-up and diversionary services that accept alcohol-affected presentations with in-house mental health, psychiatric support and alcohol and other drug services.

Improvements in current procedures were also suggested by staff that focused on having structured brief intervention programs to follow up alcohol-affected patients upon discharge to prevent repeated ED presentations.

Alcohol regulation plays a pivotal role in reducing alcohol consumption by vulnerable groups. At an individual level, we must all examine our relationship to alcohol and offer greater support to each other when problems first start.

Other key suggestions include imposing stricter legislation and adopting evidence-based practices, enforcing restrictions on alcohol sales or advertisement, increasing campaigns on alcohol harms, providing access to better staff support and security resources in the ED, and improving access to community rehabilitation centres.

> *Create more barriers to access in the community. More tax, strict restrictions on advertising, remove sale from supermarkets.* ***Registrar***

> *There should be a separate model of care for patients who present with alcohol or drug effects, that works 24 hours a day. This could be more of a nurse-led, 'let the patient sober up' kind of service. This would have in reach for trauma, social, psychiatric and drug health services* ***Specialist/Physician***

> *We need better models of care that are properly supported and don't have such high barriers for entry – the alcohol and other drug service in our region will only consult/admit patients who are currently sober/low blood alcohol level.* ***Specialist/Physician***

> *We do need a trauma-informed approach – there is a massive crossover with other aspects of socioeconomic disadvantage with this group and we should try to come up with a service that is non-judgmental, no wrong doors, multidisciplinary, and tries to build capacity for other aspects of their life which contribute to and compound addiction issues.* ***Specialist/Physician***

Solutions

- Invest in additional roles in emergency departments to support a multidisciplinary approach to managing patients affected by alcohol.
- Improve access to appropriately resourced alcohol and other drug treatment community and in-patient services.
- Trial and evaluate new models of care to support patients who are intoxicated in tailored environments.
- Enhance campaigns about violence against health care workers.
- Resource appropriate emergency department security personnel with a focus on early intervention and de-escalation.
- Limit availability of alcohol outlets, trading hours and advertising, specifically in areas that target vulnerable populations, such as near schools.
- Implement pricing and taxation changes, such as a minimum unit pricing.
- Enhance training for all emergency department staff on preventing and responding to violence.
- Provide resourcing to emergency departments to implement brief interventions for alcohol-related harm.

References

The following references and resources were utilised for this report:

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